Form 990-EZ

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

For the 2010 calendar year, or tax year beginning JAN 1, 2011 and ending AUG 31, 2011

Name of organization: SCIENCE FROM SCIENTISTS, INC.

515 BEACON STREET
BOSTON, MA 02215

Employer identification number: 20-0792574

Telephone number: 617-216-7160

Website: WWW.SCIENCEFROMSCIENTISTS.ORG

Check if the organization is not required to attach Schedule B

Cash

Checkboxes: X

Tax-exempt status (check only one) — X 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527

159869.

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I.

X

Revenue

5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than $15,000) b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)

c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 5a and 6b and subtract line 6c)

7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

8 Other revenue (describe in Schedule O)

Total revenue. Add lines 1, 2, 3, 4, 5a, 6b, 7c, and 8

10 Grants and similar amounts paid (list in Schedule O)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe in Schedule O) See Schedule O

Total expenses. Add lines 10 through 16

Net Assets

18 Excess or (deficit) for the year (Subtract line 17 from line 9)

19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)

20 Other changes in net assets or fund balances (explain in Schedule O)

21 Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions.
**Part II Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>29837 22</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>23</td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>29837 25</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>0 26</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>29837 27</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td></td>
</tr>
</tbody>
</table>

**Part III Statement of Program Service Accomplishments.** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **See Schedule O**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**THE EXCITING WORLD OF SCIENCE - SEE ATTACHED**

(Grants $ 28) If this amount includes foreign grants, check here 28a 94345.

**SCIENCE FAIR - SEE ATTACHED**

(Grants $ 29) If this amount includes foreign grants, check here 29a 23586.

**Other program services (describe in Schedule O)**

(Grants $ 30) If this amount includes foreign grants, check here 30a

**Other program services (describe in Schedule O)**

(Grants $ 31) If this amount includes foreign grants, check here 31a 117931.

**Total program service expenses (add lines 28a through 31a)**

28a 94345

29a 23586

30a

31a 117931

**Total program service expenses (add lines 28a through 31a)**

32 117931

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation (If not paid, enter 0)</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>ERIKA N. EBBEL ANCLE, 6 CANAL PARK #407, CAMBRIDGE, MA 02141</td>
<td>PRESIDENT, DIR</td>
<td>17.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MAUREEN GRIFFIN 468 BEACON STREET, LOWELL, MA 01850</td>
<td>TREAS, CLERK</td>
<td>10.00</td>
<td>8613</td>
<td>0</td>
</tr>
</tbody>
</table>
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a copy of the amended documents if they reflect a change to the organization name. Otherwise, explain the change on Schedule O (see instructions)

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule 0 why the organization did not report the income on Form 990-T.

35a Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)(3) notice, reporting, and proxy tax requirements?

35b Did the organization have an acquisition, liquidation, or significant disposition of net assets during the year? If "Yes," complete Schedule N.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

38a Did the organization borrow from, or make loans to, any officer, director, trustee, or key employee or any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

39 Section 501(c)(7) organizations. Enter:

39a Initiation fees and capital contributions included on line 9

39b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?

41 List the states with which a copy of this return is filed.

42a The organization's books are in care of

42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44c Did the organization receive any payments for indoor tanning services during the year?

44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation.
**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>47 Did the organization engage in lobbying activities? If &quot;Yes,&quot; complete Schedule C, Part II</td>
<td>X</td>
<td></td>
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<tr>
<td>48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If &quot;Yes,&quot; complete Schedule E</td>
<td>X</td>
<td></td>
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<tr>
<td>49a Did the organization make any transfers to an exempt non-charitable related organization?</td>
<td>X</td>
<td></td>
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<tr>
<td>49b If &quot;Yes,&quot; was the related organization a section 527 organization?</td>
<td></td>
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</tbody>
</table>

Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
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1 Total number of other employees paid over $100,000

51 Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
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</table>

4 Total number of other independent contractors each receiving over $100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

If "Yes," mark "X" in the box and write "X" in the Yes/No column above.

**Sign Here**

Signature of officer

**Name of Officer**

Moore Griffin, Treasurer

**Date**

10/28/11

**Paid Preparer Use Only**

Preparer’s signature

Arthur Ferretti Jr.

**Firm’s name**

Arthur Ferretti Jr., CPA

**Firm’s address**

10 Marions Way

**Phone no.**

GEOGETOWN, MA 01833

**Check if self-employed**

☐ Yes ☐ No

**Firm’s EIN**

60-023217

State of Corporation

Massachusetts

In compliance with the regulations issued by the Internal Revenue Service, the preparer certifies that this return is complete and correct, and that to the best of his knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown above? See instructions.

☐ Yes ☐ No
**Public Charity Status and Public Support**

**Part I: Reason for Public Charity Status** (All organizations must complete this part. See instructions.)

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10. An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
   - a. Type I
   - b. Type II
   - c. Type III - Functionally Integrated
   - d. Type III - Other

e. By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f. If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- A family member of a person described in (i) above?
- A 35% controlled entity of a person described in (i) or (ii) above?

h. Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in col. (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col. (i) of your support?</th>
<th>(vi) Is the organization in col. (i) organized in the U.S.?</th>
<th>(vii) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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</table>

**Total**

**LHA For Paperwork Reduction Act Notice, see the instructions for**

Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010
## Schedule A (Form 990 or 990-EZ) 2010

### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>73594.</td>
<td>88240.</td>
<td>204460.</td>
<td>115000.</td>
<td>125984.</td>
<td>607278.</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>73594.</td>
<td>88240.</td>
<td>204460.</td>
<td>115000.</td>
<td>125984.</td>
<td>607278.</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>607278.</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
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</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>73594.</td>
<td>88240.</td>
<td>204460.</td>
<td>115000.</td>
<td>125984.</td>
<td>607278.</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
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</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
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</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>607278.</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
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</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2009 Schedule A, Part II, line 14</td>
<td>100.00%</td>
<td></td>
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</tr>
</tbody>
</table>

| 16a 33 1/3% support test - 2010 | | | | | | |
| b 33 1/3% support test - 2009 | | | | | | |

| 17a 10% - "facts-and-circumstances" test - 2010 | | | | | | |
| b 10% - "facts-and-circumstances" test - 2009 | | | | | | |

| 18 Private foundation | | | | | | |

Schedule A (Form 990 or 990-EZ) 2010
**Part III | Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

### Section A. Public Support

**Calendar year (or fiscal year beginning in)**  
1. Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")
2. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.
3. Gross receipts from activities that are not an unrelated trade or business under section 513.
4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.
5. The value of services or facilities furnished by a governmental unit to the organization without charge.
6. **Total. Add lines 1 through 5**

**7a Amounts included on lines 1, 2, and 3 received from disqualified persons**
**7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceeded the greater of $5,000 or 1% of the amount on line 13 for the year**
8. **Public support (add lines 7a and 7b)**

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**  
10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.
10b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.
11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.
12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).
13. **Total support (add lines 9, 10a, 11, and 12)**
14. **First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.**

### Section C. Computation of Public Support Percentage

15. Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).

### Section D. Computation of Investment Income Percentage

17. Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).

19a. **33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.**
19b. **33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.**
20. **Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.**
Supplemental Information to Form 990 or 990-EZ

SCIENCE FROM SCIENTISTS, INC.

Form 990-EZ, Part I, Line 16, Other Expenses:

Description of Other Expenses:  

Amount:

TEACHING SUPPLIES  

5641.

TELEPHONE  

665.

PAYROLL TAXES & EMPLOYEE COSTS  

5812.

ADMIN EXPENSES  

1305.

STUDENT AWARDS  

2213.

TRANSPORTATION & AUTO  

7690.

MUSEUM TICKETS  

2662.

INSURANCE  

1787.

Total to Form 990-EZ, line 16  

27775.

Form 990-EZ, Part III, Primary Exempt Purpose - The primary goal of Science from Scientists is to spark student interest in mathematics and the sciences by bringing the hands-on aspects of these subjects to the students so that they can learn the direct real-life applications of math and science.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:  
The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.  
The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.
The primary goal of Science from Scientists is to spark student interest in mathematics and the sciences by bringing the hands-on aspects of these subjects to the students so that they can learn the direct real-life applications of math and science.

Currently we run the following programs:

1) The Exciting World of Science: (Program in progress since 2002) For this program, Science from Scientists has designed hands-on, activity-based modules in STEM (science, technology, engineering, and mathematics) to serve as teaching supplements. Modules incorporate national and state standards and have been designed to contain a lecture segment and a hands-on laboratory segment. We have developed modules in biology, chemistry, earth science, and physics on many topics the students would not yet typically see at school. Our staff members go into the schools during the school day - or in after-school programs in the case of some partnerships - and teach our modules to students in grades 4-8. The primary goal is to spark the students' interest in science, but because the modules are based on accepted standards, they also complement classroom curricula and help students prepare for the Massachusetts Comprehensive Assessment System (MCAS).

We provide the teaching staff and all of the materials. The schools pay nothing. To date, this is our most extensive program. We are working with hundreds of students from all around Massachusetts. We are currently teaching in all middle schools in Everett, MA, in several schools in Revere, MA. We are also teaching in Brookline, Marblehead, Newton, Somerville, Cambridge, and Winchester, MA.

2) Science fair
Science from Scientists instructors are available to assist teachers and instruct students in grades 4-12 through the science fair process from start to finish. Students learn about the scientific method, experimental design, data analysis, and creating an attractive, informative and succinct display. We are able to offer schools aid throughout the entire science fair process by: administering a science fair, offering additional guidance as tutors, or serving as judges.